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Bib Data Sheet

CONFIRMATION NO. 7144

SERIAL NUMBER 10/706,429	FILING OR 371(c) DATE 11/12/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 35050.004
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APPLICANTS

RH Michael D. Saffran, Genoa, NV;

** CONTINUING DATA *****

RH This appln claims benefit of 60/445,744 02/07/2003

** FOREIGN APPLICATIONS *****

RH None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

30589

TITLE

Earmuff having anatomically correct ear cups

FILING FEE RECEIVED 824	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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